

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

L PAC

ADDRESS (number and street)

409 7th Street, N.W.

Suite #350

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00519413

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALIX RITCHIE

Signature of Treasurer

ALIX RITCHIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 30 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

L PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		63712.25
(b) Cash on Hand at Beginning of Reporting Period.....	80281.01	
(c) Total Receipts (from Line 19) .....	18560.00	637865.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98841.01	701577.95
7. Total Disbursements (from Line 31) .....	53181.05	655917.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45659.96	45659.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

L PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		25		2014

To:

M M	/	D D	/	Y Y Y Y
12		31		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

22150.00

(ii) Unitemized .....

0.00

1149.58

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

23299.58

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

0.00

23299.58

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

18560.00

614566.12

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18560.00

637865.70

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

18560.00

637865.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2331.00	3809.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2331.00	3809.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	24500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	50850.05	627608.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53181.05	655917.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53181.05	655917.99

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	23299.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	23299.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2331.00	3809.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2331.00	3809.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. J. Bob Alotta**

Mailing Address 116 E. 16th St., 7th Floor

City State Zip Code  
 New York NY 10003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Astraea Foundation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**12 / 10 / 2014**

**Transaction ID : SA17.8056**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**B. Linda Hyland**

Mailing Address 10 Bowdoin St. Unit 20

City State Zip Code  
 Boston MA 02114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Brigham and Women's Hospital

Occupation

Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 08 / 2014**

**Transaction ID : SA17.7973**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**C. Ramona E. Joyce**

Mailing Address 111 E Uhler Ave

City State Zip Code  
 Alexandria VA 22301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

U.S. Dept. of Veterans Affairs

Occupation

Dir. Office of Public & Intergovernment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 09 / 2014**

**Transaction ID : SA17.8058**

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Billie Jean King**

Mailing Address 21 Rickland Dr.

City  
RandolphState  
NJZip Code  
07869FEC ID number of contributing  
federal political committee.

C

Name of Employer

World Team Tennis

Occupation

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2014

Transaction ID : SA17.7972

Amount of Each Receipt this Period

10000.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**B. Elizabeth Marvin**

Mailing Address 1410 Buchanan St NW

City  
WashingtonState  
DCZip Code  
20011FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewis Baach PLLC

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	10	/	2014

Transaction ID : SA17.8071

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**C. Nan McRaven**

Mailing Address 1906 Mountain View Rd

City  
AustinState  
TXZip Code  
78703FEC ID number of contributing  
federal political committee.

C

Name of Employer

McRaven Consulting

Occupation

Public Affairs Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2014

Transaction ID : SA17.8061

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Lucille Miller**

Mailing Address 111 East Vitler

City State Zip Code  
Alexandria WA 22301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Deloitte

Occupation

Operations Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**12 / 10 / 2014**

**Transaction ID : SA17.8069**

Amount of Each Receipt this Period

500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**B. Dorothy Sander**

Mailing Address 2500 E. Las Olas Blvd.

City State Zip Code  
FT. Lauderdale FL 33301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Self

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

**12 / 18 / 2014**

**Transaction ID : SA17.7974**

Amount of Each Receipt this Period

100.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

**C. Claudia Slacik**

Mailing Address 1425 P St NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

uS Government

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**12 / 05 / 2014**

**Transaction ID : SA17.8063**

Amount of Each Receipt this Period

2500.00

Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

## **A. Olive Watson**

Mailing Address 1550 Daytonia Rd

City State Zip Code  
 Miami FL 33141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Self

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**12 / 19 / 2014**

**Transaction ID : SA17.8065**

Amount of Each Receipt this Period

2500.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **B. Gail Williams**

Mailing Address 1000 S Pointe Dr

City State Zip Code  
 Miami FL 33139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Williams McCall Gallery

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**12 / 20 / 2014**

**Transaction ID : SA17.8067**

Amount of Each Receipt this Period

250.00

Contribution to IE Only Account

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

17850.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11      26      2014
**Transaction ID : SB21B.7949**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      10      2014
**Transaction ID : SB21B.7953**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      12      2014
**Transaction ID : SB21B.7955**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

L PAC

### A. Civitas Public Affairs

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

### Purpose of Disbursement

#### Strategic Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7954

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## B. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement
Social Media

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
12 03 2014

Transaction ID : SB21B.7950

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

### C. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement	Social Media
1. Marketing and Promotion	Facebook, Instagram, Twitter, LinkedIn, YouTube
2. Customer Engagement	Facebook, Instagram, Twitter, LinkedIn, YouTube
3. Brand Awareness	Facebook, Instagram, Twitter, LinkedIn, YouTube
4. Lead Generation	Facebook, Instagram, Twitter, LinkedIn, YouTube
5. Sales and Revenue	Facebook, Instagram, Twitter, LinkedIn, YouTube
6. Customer Support	Facebook, Instagram, Twitter, LinkedIn, YouTube
7. Community Building	Facebook, Instagram, Twitter, LinkedIn, YouTube
8. Influencer Marketing	Facebook, Instagram, Twitter, LinkedIn, YouTube
9. Content Marketing	Facebook, Instagram, Twitter, LinkedIn, YouTube
10. Analytics and Reporting	Facebook, Instagram, Twitter, LinkedIn, YouTube

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7952

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

L PAC

### A. Ditto Consulting

Mailing Address 428 West 23rd Street, 2B

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7948

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

### B. Ditto Consulting

Mailing Address 428 West 23rd Street, 2B

City	State	Zip Code
New York	NY	10011

### Purpose of Disbursement

#### Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.7951

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

800.00

**TOTAL** This Period (last page this line number only).....

2331.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Processing Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2014

**Transaction ID : SB29.7959**

Amount of Each Disbursement this Period

41.75
-------

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Processing Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

**Transaction ID : SB29.7960**

Amount of Each Disbursement this Period

45.76
-------

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2014

**Transaction ID : SB29.7961**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.51
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2014

Transaction ID : SB29.8053

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	10	/	2014

Transaction ID : SB29.7964

Amount of Each Disbursement this Period

3.00
------

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee- IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	10	/	2014

Transaction ID : SB29.8047

Amount of Each Disbursement this Period

3.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

31.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SB29.7967**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Strategic Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SB29.7966**

Amount of Each Disbursement this Period

19000.00
----------

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Travel - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SB29.8089**

Amount of Each Disbursement this Period

242.97
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19267.97
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Collective Conscience, LLC**

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement  
Social Media - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB29.7963**

Amount of Each Disbursement this Period

4750.00
---------

Full Name (Last, First, Middle Initial)

**B. Collective Conscience, LLC**

Mailing Address 7254 Hollywood Blvd., #1

City	State	Zip Code
Los Angeles	CA	90046

Purpose of Disbursement  
Travel - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB29.8091**

Amount of Each Disbursement this Period

441.86
--------

Full Name (Last, First, Middle Initial)

**C. Delta Airlines, Inc.**

Mailing Address P. O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Travel - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB29.8091.0**

Amount of Each Disbursement this Period

233.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5191.86
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Ditto Consulting**

Mailing Address 428 West 23rd Street, 2B

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Fundraising Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : SB29.7957**

Amount of Each Disbursement this Period

7600.00
---------

Full Name (Last, First, Middle Initial)

**B. Ditto Consulting**

Mailing Address 428 West 23rd Street, 2B

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Travel Expense - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2014

**Transaction ID : SB29.7962**

Amount of Each Disbursement this Period

566.31
--------

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 60 Massachusetts Ave., N.E.

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Transportation - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2014

**Transaction ID : SB29.7962.0**

Amount of Each Disbursement this Period

327.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8166.31
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Topaz Hotel**

Mailing Address 1733 N. Street, N.W.

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Lodging - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB29.7962.1**

Amount of Each Disbursement this Period

239.31
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Ditto Consulting**

Mailing Address 428 West 23rd Street, 2B

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Fundraising Consulting - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : SB29.8046**

Amount of Each Disbursement this Period

7600.00
---------

Full Name (Last, First, Middle Initial)

**C. Global Sedan Service**

Mailing Address 455 Massachusetts Avenue

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Transportation - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2014

**Transaction ID : SB29.8017**

Amount of Each Disbursement this Period

305.98
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7905.98
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**L PAC**

Full Name (Last, First, Middle Initial)

**A. Harmon, Curran, Spielberg & Eisenberg, LLC**

Mailing Address 1726 M Street, NW. #600

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Legal Service - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2014

**Transaction ID : SB29.7968**

Amount of Each Disbursement this Period

8786.15
---------

Full Name (Last, First, Middle Initial)

**B. Peak Creative**Mailing Address 1800 Boulder Street  
Suite 200

City	State	Zip Code
Denver	CO	80211

Purpose of Disbursement  
Printing & Publishing Services - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

**Transaction ID : SB29.7956**

Amount of Each Disbursement this Period

1353.75
---------

Full Name (Last, First, Middle Initial)

**C. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Road #300

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement  
Processing Fee - IE Only Account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : SB29.7958**

Amount of Each Disbursement this Period

44.52
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10184.42
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50850.05
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